A novel method of papilla fixation for difficult biliary cannulation without using a pancreatic duct guidewire: non-guidewire fixation method

Biliary cannulation in patients with peri-ampullary diverticula is challenging due to high mobility and an unusual orientation of the papilla. Although papilla fixation using a pancreatic duct guidewire (PGW) has been performed in such cases, the procedure requires the placement of a guidewire in the pancreatic duct and takes times [1–4]. The risk of PGW-induced postoperative pancreatitis has also been reported [5]. To overcome these challenges, we developed a novel method for difficult biliary cannulation without using a PGW, involving papilla fixation with a unique double-lumen catheter.

A 68-year-old woman presented with obstructive jaundice due to pancreatic cancer. Biliary drainage was attempted. However, biliary cannulation was difficult because the papilla was highly mobile with many periampullary diverticula and the orientation of the papilla was unusual. The contrasted pancreatic duct was too short for proper insertion of a PGW to fix the papilla.

We used an uneven, double-lumen cannula (UDLC; PIOLAX, Tokyo, Japan); the diameters of the lumens are 0.025 (distal) and 0.035 (proximal) inches in diameter. The orifice of each lumen is uneven, thereby creating a channel within the tip. The proximal lumen opens upward, allowing the angle-shaped guidewire to be manipulated vertically (c).

Initially, only the tip of the UDLC (UDLC) (a) is inserted into the papilla for fixation, and biliary cannulation is attempted with the guidewire from the proximal lumen. The angle-shaped guidewire is manipulated vertically (b).

Use of the uneven double-lumen cannula (UDLC). a The tip of the UDLC and angle-shaped guidewire from the proximal lumen can be seen. b Initially, only the tip of the UDLC is inserted into the papilla for fixation.
angle-shaped guidewire. This feature is considered anatomically favorable for biliary cannulation, using the cannula tip for fixation of the papilla and the proximal lumen for guidewire manipulation (▶Fig. 2).

Initially, only the tip of the UDLC is inserted into the papilla for fixation, and biliary cannulation is attempted using the 0.025-inch angle-shaped guidewire (Visiglide2; Olympus, Tokyo, Japan) from the proximal lumen. The guidewire is manipulated vertically, and biliary cannulation is successfully performed (▶Fig. 3, ▶Fig. 4, ▶Fig. 5, ▶Video 1).

This novel concept of papilla fixation can reduce the time required for PGW insertion, and the risk of PGW-induced pancreatitis, and may be a useful option for biliary cannulation.

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Competing interests

The authors declare that they have no conflict of interest.